

Nursing Voice

Winter 1996

From The Editors:

Once again we, the editors of Nursing Voice, have the distinct pleasure of bringing you the winning and honorable mention essays from this year's "Reflections On Nursing" Essay Contest. And once again the editorial board had some tough decisions to make. But in that process we were taken on a magical journey that led us through the hearts and minds of the authors.

Our journey began in an inner city emergency room where the frenzy of caring for a trauma victim left her scared and all alone. Then we were inside a hospital chapel where we shared the joy and innocence of a terminally ill child making her first holy communion. We were transported back in time and became young women again, struggling with making the "right" career choice. We witnessed the heartache that Alzheimer's disease can bring to families and caregivers alike. We became patients and experienced nursing from "the other side of the bed". We traveled to the impersonal streets of New York City and where we saw a young man choose nursing as his career. Our journey ended in the homes of two devoted daughters who through their efforts as nurses, were able to share precious final moments at the bedsides of their parents.

As we journeyed through the pages of the essays and poems we were privileged to read, we were continually

reminded of the caring, compassion and love for humanity that is so much a part of who we are and what we do as nurses. Our journey brought to life the phrase we have all heard many times over, that "it takes a special kind of person to be a nurse". And how well we know it.

We thank the participants in our contest for sharing with us their experiences, their thoughts and their feelings about nursing and about being a nurse. You are truly special people.

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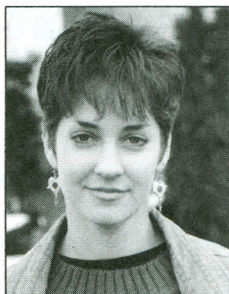
And now, it is time for our readers to share what we have shared, experience what we have experienced and enjoy warmth that comes from being part of that most special profession... Nursing!

Let your journey begin...

Ginger A. Holko, RN
Susan B. O'Neill, RN
Editors

1st Place

The Code Red



By Jennifer McArdle,
RN, Hospice

One of my most memorable experiences in nursing occurred during my training. I was a few weeks away from completing my college education. My final semester included a clinical portion focusing on "leadership" and I was spending time learning the chain-of-command in an inner city emergency room.

A few days into my rotation a "code red" was called. A patient from a small suburban hospital was being

transported via helicopter with a possible laceration of the liver. Among the other information obtained was the fact that the thirty-six year old patient was involved in a one car accident after drinking and driving.

The patient arrived on a stretcher with a cervical collar in place. She was brought down from the landing pad on the roof to the trauma area of the ER. I stood back as the doctors and nurses swarmed over the patient to perform all of the initial assessments and treatments. After a portable x-ray was obtained, the trauma team moved off to the side of the room to

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2nd Place

Remembering



Joyce Herbert, LPN,
5B

As I walked into the Pediatric ward one morning, I looked into a pair of the most incredibly huge brown eyes of a frightened little girl and I fell in love!

Her name was Maria and she was one of the first Leukemia patients to be treated when the hematologists came to town.

Prior to then, this little girl would have been sent to Children's Hospital where I accompanied many other sick children, in the ambulance with screaming sirens and my pounding heart.

I was happy to be able to care for Maria, but troubled that now I would be seeing this through to the end. Maria had no father and her thirty-eight year old mother looked more like fifty-eight. They were poor and her mother had to walk clear across the city in the rain, the cold, the sleet and the snow every day for many months.

This slender child grew puffy from her medications until she didn't even look like herself. She remained sad looking, but when she smiled it was for me for all the loving care I gave her.

As her condition advanced, her mother wanted Maria to make her first holy communion but she couldn't afford a dress. My daughter offered hers. I shortened and nipped and tucked and altered the frilly white dress to fit Maria. As I wheeled her into the hospital chapel, she was so proud and happy to be sharing this spiritual day with God and our hospital personnel in her beautiful white dress and veil. My heart was bursting.

In the years that followed, I had many experiences and memories that will be implanted in my heart forever, but somehow I will always see those big brown eyes on the most important day of Maria's short life.

I have pictures of many of the children that I cared for and a story to go with each and every one.

I consider myself privileged to have shared in these experiences and to have been able to use my experience and knowledge in nursing to lighten the pain in these children and to comfort their parents.

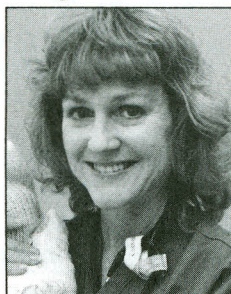
I am sure Maria is looking down from Heaven above and remembering all the loving nursing care she got to brighten her days and ease her nights.

As the end of my nursing career is drawing near, "Remembering" has let me relive the happiest days of my life.

by: Joyce Herbert, LPN, 5B

Honorable Mention

My Career



Loretta Becker, RN,
MBU

When I was in my younger years
And choosing a career,
I didn't know which way to go
The unknown filled with fear.

I thought of all my choices
Different paths that I could fare,
I didn't know back then
Which road would take me there.

Photography - now that is great!
It really is an art!
Or Communications
Of that I'd be a part.

How about a teacher?
Teaching others about life.
Or, a beautician or masseuse
Helping others deal with strife.

Housekeeping - I'm not quite sure
If that would be for me.
But, I could be a guard
Somewhere in top security.

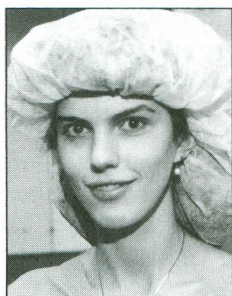
I couldn't choose just one small job
I had to pick them all.
It isn't easy that's for sure
But life sure isn't dull.

Yet, sometimes I need reminding
That my choice is not a curse
And that all these jobs together
Make the best kind of nurse

By: Loretta Becker, RN, MBU

3rd Place

The Lady With A Past



By Lisa Bower, RN,
OR

Sometimes I sit and look out my window. It's amazing how rain can be soothing, the pit pat, pit pat on the aluminum siding that surrounds my house. These are the times when I think of people or situations that have touched my life throughout my nursing career.

One day last week, I was watching the raindrops slowly dripping from my rain spout. I

was reminded of a patient I had an encounter with in the holding area of the operating room. It saddened me to think of her, a lady with a name, face, family and a broken hip. I know I shouldn't be sad. After all, aren't we taught to leave work at work? I tried, but it didn't work this time. What saddened me was my mind's recall of the conversation she and I had one rainy day. I remember the day as if it happened yesterday. There she was, a woman with much history, who survived major wars and the Great Depression. There she was, a woman who had seen the creation of automobiles, televisions and VCR's. There she was, a woman with a family, children and grandchildren. There she was, a woman who couldn't remember her name, her family, her social security number or why she was at LVH. There she was, a woman with Alzheimer's disease.

I remember looking at a magazine with her. Since she was adamant about leaving the hospital right then, I felt it was in her best interest to keep her entertained. As we looked together through the magazine, page by page, she stopped when she noticed a picture of a young male child. It became obvious that it reminded

her of one of her sons. The comment she made at this time broke my heart. She said, "I have trouble talking sometimes, something got lost up there," as she pointed to her head. "I have one of these," she said pointing to the picture, "he is all grown up now, but I can't seem to remember his name." The more she spoke, the more my heart broke. As I held back the tears I tried desperately not to shed, I realized that I didn't know how to respond. My heart was telling me to cradle her in my arms and express my sympathy for the loss of her memory. My mind eventually cleared and reminded me and my heart that I am a nurse and I must intervene in some way. I responded by reori-

enting her to the present time. I looked up the names of her children in her chart and shared the information with her. I proceeded by reorienting her to place and person while also tending to her physical needs. Her painful hip required attention, so I repositioned her in the bed carefully.

She was taken from me soon after our conversation, taken away to have her hip repaired. Although I cannot remember her name, she has impacted my life greatly. Because of my experience that rainy day, I have discovered that Alzheimer's disease is difficult to deal with. I feel that I have become a more understanding and caring nurse

because of that experience. One must have much patience and understanding when dealing with a person with this disease. When I left the hospital that day I went home and cried. I cried for her. I cried for her family. I also prayed that this devastating disease would never strike any family member of mine. If it does, I will remain supportive and dedicated, as I do when dealing with patients daily.

By Lisa Bower, RN, OR



Honorable Mention

Reflections on Nursing



Loretta Domin,
Center for Women's
Medicine

Reflecting back many, many years ago, I remembered an instructor saying, "Take care of every patient as if it were your mother lying there in that bed."

Little did I realize that I would one day be utilizing the above training to indeed "Take care of that patient as if she were you mother" — when indeed it WAS my mother.

My best friend called me one Saturday morning and said,

"Your mother fell at Bingo last night, but she is really fine." My mother and I spoke on the phone daily, but this day I made my usual call a little earlier. Whenever I spoke with my mother, she would always tell me how she missed "Bingo" by just one number.

When I called her that Saturday morning she said, "I'm sitting here praying for my Loretta, Eddie, David and Edward." I said, "Mom, you're talking to Loretta!" I realized she was confused and disoriented. My immediate diagnosis was a stroke. Terrified, I drove very quickly to her home. I brought her to my home and set up an appointment for her with an internist. After a thorough exam, I realized my mother was very, very ill. A Cat Scan was ordered immediately and I was there as she passed through the machine. I immediately saw that both sides of her brain did not measure equally. There was an enormous difference. "Oh my God!" I said to the tech, "What on earth is that?" She, of course, said, "You know I can't interpret the study." I quickly retorted, "Then get someone who can!" One of the radiologists, whom I knew very well, came in to review the scan and said, "I'll call your mother's doctor and give him the report." I said, "Wait a minute, I did many favors for you in the past and now you owe me one - what on earth is it?" He was so reluctant that it was difficult to retain my composure. I told him of the times I'd put add-ons on our schedules for him and took the screaming, stomping of the feet and yelling to help out a friend for him. Now I wanted my return.

Very seriously, he turned to me and said, "It sure looks like a glioma." I said, "Tell me about abnormal paps, endometriosis, etc. and we're talking the same language, but I don't know what glioma is." Very seriously he turned to me and reviewed the horrific outcome. I cried (and I hate to let people see me cry) became nauseated and immediately thought, how on

earth will I tell my children that their Babci (Grandmother) is so very critically ill. We are a very close family and I knew this wonderful family would soon be disrupted by the horrors of this diagnosis.

She was admitted, a biopsy was done and the diagnosis confirmed. We had to set up a plan of action immediately, there was not a lot of time. I set up one of my bedrooms as her Get Well Room. Initially, mother was very weak, but we were still able to bring her to the dinner table and she enjoyed that very much. Our sons came home as often as possible to share meals and time with her. It didn't take very long until she became overwhelmingly weaker, incontinent and could no longer stand. I was lucky enough to find a wonderful medical assistant to care for my mother while we worked. When my husband came home from work he took his time and fed my mother. Then when I came home we sat down to eat and later we sat with my mother, said the rosary and reminisced of the days gone by remembering how she helped with my colicky twins. She would get half of a smile and then just stare into space. Don't you just wonder what she was thinking about? I wished I could have shared some of her thoughts, but she could no longer speak. Yet she would occasionally smile and tried desperately to communicate. It was to no avail.

There are four of us in our family - we took turns sleeping in her bedroom and setting the clock to get up every 2 hours to turn mother so that she would not get sore. It was a long three months and so many of my friends told me to put her into a nursing home so that we could get some sleep and time to get out. We knew it would not be a long time that we would be lucky enough to have this time with her and we enjoyed taking care of her. It was our pleasure to return some of the love back to her that she had blessed us with for so many years. In all my life I had never heard her say an ill word about anyone. I often think, if I could be half the person she was, I would be quite a person.

Ironically, we were all there when my mother took her last breath. Very quietly and peacefully my mother left us, but she never left our hearts. What a fulfilling time to be a nurse.

When her grandson preached her homily he said, "I'm sure Babci is either introducing Bingo to the people in Heaven or if it's already there, she's waiting in line to get a seat away from the people that smoked."

By: Loretta Domin, Center for Women's Medicine

Honorable Mention

A Memorial to my Father



Cynthia Burkhart,
RN, Home Care

In has been eleven years and the memories are still very clear in my mind. The pain has gotten easier, but the sadness still remains. I was a recently divorced mother with a sickly toddler, working as a charge nurse in ACU. As usual my dad was around to help me out with the babysitting while I worked, as well as transporting my son to C.H.O.P. in Philadelphia. It

was a very stressful time in my life, balancing a stressful job and caring for an ill child. When I look back, it was a time in my life which contributed greatly to who I am now and how I treat families facing similar circumstances in my profession today.

I will never forget the night I came into work the 3-11 shift at the hospital. To my dismay, I found out that the oncologist, against my family's wishes, had announced to my father that he had a fatal type of cancer. He was told he had metastatic cancer of the bone, with no origin and no cure. We had asked that we all be present when the doctor told him the news. I guess the doctor was too busy and decided to tell my dad prior to our family visiting. All I could do was cry. Imagine receiving that type of information as a patient alone!

My father, needless to say, basically lost hope, gave up and never walked again. We took him home with the services of Home Care, eventually converting to Hospice. My father was always a very influential part of my life and one of my best friends. I felt I needed to repay him in some way. Taking my father home to die and caring for him was going to be my gift.

My dad died approximately five months after his diagnosis. He died in his own home with his family by his

bedside. It was hard to watch him die, but at the same time, his passing was a blessing. I had personally seen how degrading a disease like this can be to a person.

People say "life hands us a lot of situations that we feel we are incapable of dealing with," but I learned how to help my dad die gracefully despite this awful disease. I can still see him in his hospital bed, setting his own alarm clock to take his morphine every three hours to prevent the horrible breakthrough of pain. I can still see the happiness he showed when old friends would visit him at the hospital. I can still see his smile when he saw his grandson, who he would only get to know briefly, come to visit him in the hospital bed set up in his living room. I can still hear him laugh, while watching from his bed the old family movies he took of my brother and I as we were growing up.

People say that we learn from life's experiences. Now, when I see a family dealing with cancer, I can tell them I know what they are feeling and empathize with what they are going through. I believe this helps me a lot in my everyday dealings with patients and families. Sometimes as a nurse, we get so burdened with the tasks at hand and all the work we have to get done that we forget about the patients and what they and their families are going through.

I loved my father and I believe he is looking down and is very proud of me. I know he would be proud of how I took a terrible experience and turned it into something positive - a lesson he taught me as I was growing up. Sometimes, we all feel that we are untouchable and tragedy can't happen to us. It takes an awful experience to make us all take a good look at ourselves and see how we treat others.

By: Cynthia Burkhart, RN, Home Care

Honorable Mention

Walk in My Shoes



Eileen Morgan, RN,
MBU

Nursing has been my career for 28 years and I have always thought of myself as a caring and compassionate person. Obstetrics was my specialty area for 25 years, having worked in labor and delivery, post partum and the nursery.

Many years ago, I heard someone say that to be a "good" nurse, you had to have a broken bone, surgery and a baby. Up until two years ago, I thought I was doing fine at being a "good" nurse as I had walked in all three pairs of shoes.

When I was six, I suffered a broken bone. Thanks to my older sister, Jacqui, as she pushed me over a stairway railing; and in the fall I sustained a fractured right arm. I can still remember how my arm looked when the cast was removed. I had walked in the first pair of shoes. I was on my way.

Both of my sons were delivered in a naval hospital which meant there was no general or epidural anesthesia. It was me and Lamaze against the forces of labor. Fortunately, both my labors were less than five hours and I made it. I was quite proud of myself for having walked in the second pair of shoes. I was certainly on my way to becoming a "good" nurse.

In 1984, there was a lump in my breast. I was given general anesthesia for the biopsy and the final diagnosis was not a lump in my breast, but a Blue Dome Cyst attached to my chest wall. I had made it! I had walked in all three pairs of shoes. Now I was finally a "good" nurse, in addition to being a caring and compassionate person.

Now I know how wrong I was. In September 1993, I had a Modified Radical Mastectomy of the left breast because of cancer. I was pretty much functioning on "auto-pilot" and trying to be a good patient. To be truthful, I was very much in a state of denial. This really wasn't happening to me. I would wake up and the nightmare would be over.

On my third day post-op, I woke up and it was not a nightmare. The surgical resident came in around 6:00 a. m. and took the dressings off my chest and casually said, "Your incision looks good." I was quick to reply, "Maybe it looks good to you, but not to me!" There was a prolonged uncomfortable silence and then the resident apologized for what he said. It suddenly occurred to me that I wasn't the "good" nurse I thought I was. How many times had I said the very same words? I would check a c-section incision and say, "your incision looks good." Looked good to who? Certainly not the woman who had to have surgery to have her baby. I promised myself that day that I would never again tell a woman her incision "looks good."

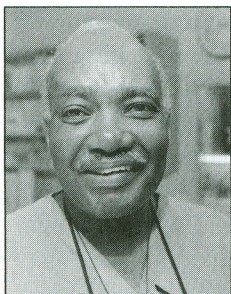
I've been back to work for a year and a half now and I realize how something said innocently can hurt so deeply. It is important to think about what one says before the mouth opens. Maybe I'll never be a "good" nurse, but hopefully, I will keep getting better.

By: Eileen Morgan, RN, MBU



Honorable Mention

This Could Be The Start of Something Big!



Maurice Shane,
Support Partner, 7C

I believe my odyssey into the world of nursing began one chilly day in New York City in the early 1970's.

I was a newcomer to the "Big Apple" and of necessity, found myself beating about the town in search of employment. I had gotten what I thought was a pretty promising lead. So about ten o'clock that fateful morning, my resume in hand; I made

my way downtown to the offices of a prospective employer.

My fellow applicants and I, some twenty of us, encircled ourselves around the walls of a puckled-papered old waiting room, which in some places, bore hastily scrawled names and phone numbers underscored with crude sexual expletives. Indeed we were the typical mixed bag of cynical, too-may-times-rejected applicants. Some stared at the pitifully outdated magazines. A few continually checked their wrist watches or dozed. Others, like the lady with the rosary, prayed or fidgeted. Yet, each of us still somehow hoped that when our name rang out for that single call to the "inner-sanctum" of the boss's office, we could be one of the fortunates selected for a position with the company.

Then - a commotion. Just a few seats away from me a man suddenly sprang to his feet, let out a strange little guttural sound and toppled headlong to the floor thrashing about as if smitten by some unseen malevolence. A deep silence fell across the room. Some folks yawned. Others frowned. Most simply looked away in a display of studied indifference.

Now in those days - at least in my experience, the accepted thing to do for someone apparently having a "fit" was to quickly wedge some handy object into the victim's mouth to keep him or her from "swallowing their tongue." So grabbing a newspaper from a chair nearby, I rolled it up as fast as I could and shoved it cross-wise between the man's grinding teeth. Still nobody else made a move.

Moments later the man went limp. His glazed eyes finally focused and he sat up, wobbly and looking altogether bewildered.

Just then, the door to the boss's office jerked open. The balding, bespectacled executive stepped half-way

through it, and peered about the room sharply as if to say, "What the H _ _ _ is going on out here?" Then his gaze fell on the guy still sitting on the floor and me on my knees at his side; still clutching the now spitty, bedraggled newspaper. Without so much as a word and shaking his head in apparent exasperation, the Boss squinted one last time, stepped back abruptly into his office and slammed the door contemptuously in the face of us all. And somewhere from a corner of that room, a bubble-gum popped loudly.

I did not get the job. Evidently, nobody was impressed that I had quite possibly saved a man's life, or so I chose to think, right there in front of them. There were no plaudits, no handshakes, no good-natured back slaps, nothing. And, so stricken with hurt and disappointment, I quietly slipped away from that absurd slice of life back onto the avenue outside.

Then without warning, there came to me as if from On High - The Experience.

Suddenly my entire being was penetrated throughout by some mysterious essence that somehow waxed cold and hot at the same time. I stood transfixed as the "it" rushed out to me from the midday Manhattan crowd, who then appeared individuals no longer. For in my mind's eye, they all began to meld together like some single entity, awash in a kind of babbling cacophony. The cursing inanities of the harried cabbies created a dissonant symphony that swelled beyond me and then up the sides of the broad, brooding buildings that towered silently over the scene in their mocking way, like gigantic granite gods.

This, to me in those moments, was truly a modern day manifestation of the biblical "Valley of the Shadow of Death," an extension of what had happened in the jobs office; an extension of the sad reality that sometimes nobody seems to care about anything. Yet, I was somehow reborn that day or at the very least, my calling was made sure. And I knew that I must care. And over the more than 20 years that have passed, I have learned that someone else cares too, all of which is helping me to find my true place in this world - actualized in the ministry to people - that is Nursing.

By: Maurice Shane, Support Partner, 7C

The Code Red (from page 1)

await the results. The patient was left on the stretcher, awake, staring at the ceiling and alone.

As I was standing "out of the way," my instructor came into the unit to see how things were going. I gave her an update on the patient based on all of the clinical assessments I had observed. She then asked me a very important question, "Do you notice anything peculiar about the patient right now?" Not sure exactly what she meant, I declined. She continued, "She looks very alone to me." Just then I knew what she meant. The doctors and nurses that initially had overwhelmed her with attention were now standing several feet away from her. No one was close enough for her to see because of the cervical collar that was stabilizing her neck. I asked my instructor what I should do. She suggested that I go over and talk to the patient. I replied, "I don't even know what to say to her," thinking to myself, what do I have in common with a woman who drank and then drove her car into a tree? My instructor answered, "Maybe you won't need to say anything."

My instructor left and I nervously approached the patient. She was lying on the litter staring up at the ceiling with a tear-stained face. I said "hello" and introduced myself. I asked her if there was anything I could do for her. All that she wanted was something for her dry mouth. I wet a gauze pad and moistened her lips. I then put my hand in hers and we waited . . . together. When it was time to go for further testing, I walked alongside of her, holding her hand so she knew I was there even if she couldn't see me.

Eventually my day was completed and it was time to go home. The next day began with plenty excitement and I was once again caught up in the fast pace of the ER. Later that day, the trauma resident informed me that the patient from the previous day had been admitted to ICU, but was "doing well." At the end of that day I decided to stop and look at her chart to follow up. When I walked into her room, I began to introduce myself again. With all of the commotion the first time we met, I had assumed she wouldn't remember very much. She interrupted me saying, "I'm so glad you came to see me, I wanted to thank you for everything that you did for me."

As I drove home that day, I thought to myself how ironic it was that out of all of the health care professionals involved in her care that day that she remembered and thanked me, the student nurse who merely held her hand and let her know that she was not alone. I then realized that I had learned one of the most important lessons of my undergraduate career that day.

I will always remember that experience. Sometimes when I find myself preoccupied with technology, or when I start to get overwhelmed with paperwork, I remember that woman and I remember why I wanted to be a nurse in the first place. I know that our advanced technology allows us to provide top-quality care to patients, but I also know that nursing involves much more.

By Jennifer McArdle, RN, Hospice

Oh Those Memories!!!...

No matter how we try, few of us will ever forget the famous (or should I say *infamous*?) **BLIZZARD OF '96!** Like other major happenings in our lives, we all have those **special** memories of the event, good or bad, that have been indelibly imprinted upon us. Nursing Voice invites you to share with us your "fondest" memory of the Snowstorm Of The Century... in 25 words or less, of course!!!

Please send all those "fond memories" to either Cathleen Webber RN c/o PACU @ CC or Mae Ann Fuss RN c/o CNS @ CC via interdepartmental mail or if you are 'on-line' E-mail them. They are waiting to hear from you!!

